



05-10-05

PTO/SB/22 (06/04)

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|--|--|--------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) DIP10002 |
| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | In re Application of Guy DiPierro, et al. | |
| | Application No. 10/7111,389 | Filed September 15, 2004 |
| | For: Transdermal Drug Delivery Method and System | |
| Art Unit 3761 | Examiner not yet accorded | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired):

| | <u>Fee</u> | <u>Small Entity Fee</u> | |
|--|---|-------------------------|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 120.00 | \$ 60.00 | \$ 0 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 450.00 | \$ 225.00 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1,020.00 | \$ 510.00 | \$ 0 |
| <input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ 1,590.00 | \$ 795.00 | \$ 795.00 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2,160.00 | \$ 1,080.00 | \$ 0 |
| | I 05/11/2005 AKELECH1 00000034 10711389 | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status . See 37 CFR 1.27. | 01 FC:2054 | 65.00 OP | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | 02 FC:2254 | | 795.00 OP |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123. I have enclosed a duplicate copy of this sheet. | | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- applicant/inventor.
- assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- attorney or agent of record. Registration Number 33,940
- attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____.

5/9/05

Date

SIGNATURE

720-406-5335

Telephone Number

Stuart T. Langley

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ one _____ forms are submitted.